

Application Data Sheet

Application Information

Filing Date:: **3/15/03**
Application Type:: **Regular**
Subject Matter:: **Utility**
Suggested classification:: **280/7**
CD-ROM or CD-R?: **None**
Title:: **A topical treatment for dyshidrosis
(pompholyx) and dry skin disorders**

Attorney Docket Number:: **NA**
Request for Early Publication?: **No**
Request for Non-Publication?: **No**
Total Drawing Sheets:: **2**
Small Entity?: **Yes**
Petition included?: **Yes**
Petition Type:: **Petition for Use of Color Photos**
Licensed US Govt. Agency:: **NA**
Secrecy Order in Parent Appl.?: **NA** **No**

Applicant Information

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **U.S.**
Status:: **Full Capacity**
Given Name:: **Elizabeth**
Middle Name:: **Anne**
Family Name:: **Mazzio**

Name Suffix::	Dr.
City of Residence::	Tallahassee
State or Province of Residence::	Florida
Country of Residence::	U.S.
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State or Province of mailing address::	Florida
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Postal or Zip Code of mailing address::	32304

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
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Middle Name::	F
Family Name::	Soliman
Name Suffix::	Dr.
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Correspondence Information

Correspondence Customer Number:: **NA**
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Representative Information

Representative Designation::	Registration Number::	Representative Name::
NA		

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
	An Application claiming the benefit under 35 USC 119(e)	Application # 60/456817	3/21/2003

Date 3/15/04 Signature E. Mazzio